



Media Consent Form

Family 7 Foundations is contracted with the Division of Health and Human Services, and is, by law, held accountable for the confidentiality of our clients who are either voluntarily or, court ordered to received family education services.

As part of our ongoing outreach, marketing and publishing programs, Family 7 Foundations will, with written permission, take pictures of the families and/or individuals we serve or receive testimonials about the Family 7 Foundations program. These pictures/testimonials may be published on our website, social media, news articles, pamphlets, in our teaching manuals or other advertising media.

This document serves as permission to waive the confidentiality agreement between the contracted family and Family 7 Foundations to allow pictures, and/or testimonials of the family's experience with Family 7 Foundations. **Name and location of family will not be verbally exposed.**

Please mark the appropriate box below for consent to publish any photography, videography, or written material in which you may appear (written name and location to be excluded).

____ I do NOT give Family 7 Foundations permission to use my photographed, video image, or written testimonials for any of the above-mentioned purposes.

____ I DO give Family 7 Foundations permission to use my photographed, video image or written testimonial for any of the above-mentioned purposes.

____ I am the legal parent or guardian of a minor child named _____ who's birthday is _____.

____ As the above-named child's legal parent or guardian, I DO NOT give permission for my child's image to be used for any of the above-mentioned purposes.

____ As the above-named child's legal parent or guardian, I DO give permission for my child's image to be used for any of the above-mentioned purposes.

Client signature

Date

Parent Signature

Date

Witness Signature

Date